

Officer Narrative

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| Case Number: | 16-4741 |
| Date: | 6/26/2016 |
| Officer: | Richardson |
| In Car Video: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Case Type: **Assault 4th Degree**

On 6/26/16, at approximately 2304 hours, I was dispatched to 12844 Military Road South regarding an assault that occurred between two patients at Cascade Behavioral. Upon arrival, I was greeted by the staff who escorted me to the third floor where I contacted the victim and identified him as [REDACTED] ([REDACTED]).

[REDACTED] stated that he was sitting in a room listening to music when, without provocation, he was attacked by another patient. [REDACTED] said the other patient, identified as [REDACTED] ([REDACTED]), punched him several times in the head/face and then walked away. [REDACTED] said the attack was unexpected and that the staff just watched as [REDACTED] punched him. [REDACTED] said he felt slightly dizzy and wanted to be examined at the hospital. [REDACTED] was transported via ambulance to a nearby hospital for additional treatment.

In speaking with the on-duty supervisor, he said that even though Cascade Behavioral is a secured facility, there is no security on site and the patients are never restrained. I was also informed that [REDACTED] is kept sedated every four hours due to his unpredictable and violent behavior. The staff reported that because of the lack of security that they are afraid of [REDACTED] as are other patients.

Based on [REDACTED]'s statement, I determined there was probable cause to arrest [REDACTED] for Assault 4th Degree and took him into custody without incident.

DISPOSITION: [REDACTED] was transported to SCORE where he was booked for Assault 4th Degree.

CERTIFICATION: I hereby certify (declare) under penalty of perjury under the laws of the state of Washington that this report is true and correct to the best of my knowledge and belief (RCW 9A.72.085).

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| M. RICHARDSON | 157 | 6/27/16 | TUKWILA, WA |
| OFFICER'S SIGNATURE | BADGE # | DATE SIGNED | PLACE SIGNED |

Approving Supervisor: _____ Date: _____